

PLACEMENT / REVIEW OF OFFENDER MENTAL HEALTH OBSERVATION

Instructions: PSU staff complete this form for initial mental health placements and for reviews.

OFFENDER NAME Conner, Eric		DOC NUMBER 420475	FACILITY WSPF
SECURITY STAFF SUPERVISING PLACEMENT Lt. Scullion	PSU STAFF APPROVING PLACEMENT Ms. Lemieux	DATE OF PLACEMENT 2/13/17	TIME OF PLACEMENT 5:50 pm
TYPE OF REVIEW	REASON FOR PLACEMENT		
<input checked="" type="checkbox"/> Initial Placement <input type="checkbox"/> Follow-up Review	<input checked="" type="checkbox"/> Dangerous to Self <input type="checkbox"/> Mentally Ill and Dangerous to Self or Others		

DESCRIPTION OF OFFENDER BEHAVIOR THAT RESULTED IN INITIAL PLACEMENT

According to security staff Mr. Conner placed a noose around his neck and was attempting to hang himself.

CURRENT MENTAL STATUS EVALUATION

DATE N/A TIME N/A

Mr. Conner was placed in observation status during non-PSU working hours. Per security staff Mr. Conner appeared highly agitated and was not complying with staff. Mr. Conner was initially authorized a security mat, toilet paper and obs. styro meals. No other property was initially authorized due to his attempt to harm himself by making a noose.

DECISION

<input checked="" type="checkbox"/> Place in Observation <input type="checkbox"/> Continue in Observation	<input checked="" type="checkbox"/> Close (15 Minute Checks) <input type="checkbox"/> Constant (1:1 Observation) <input checked="" type="checkbox"/> Document allowed property on DOC-112
<input type="checkbox"/> Release from Observation	<input type="checkbox"/> Document release on DOC-112 Date / Time of Release

REASON FOR DECISION / TREATMENT PLAN

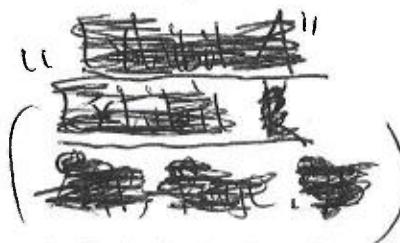
Mr. Conner made a noose and attempted to hang himself. He was placed in observation status to help reduce his risk of self-harm and so staff could closely monitor his behavior. He was initially authorized minimal property due to his attempt to harm himself by making a noose. At approximately 9:30pm Mr. Conner was given a security smock as it was reported he appeared calmer than earlier in the evening. At approximately 11:20pm he was given a blanket.

SIGNATURE OF PSU STAFF MEMBER <i>Maria Lemieux</i>	PRINT NAME AND TITLE Maria Lemieux, MS, LPC Psychological Associate	DATE SIGNED 2/20/17
SUPERVISOR SIGNATURE (IF NEEDED) <i>Sheen, Ph. D.</i>	PRINT NAME AND TITLE Dr. S. Hoem Licensed Psychologist	DATE SIGNED 3.15.17

NOTICE TO OFFENDER: You have the right to appeal your placement or continuation in observation to the Administrator of the Division of Adult Institutions when:

You are in observation status and have not been evaluated by a member of the psychological services staff or a physician within 2 working days, or you have been in observation for dangerousness to self for at least 30 days and wish to challenge the psychologist's written "Review of Dangerousness to Self" decision.

Exhibit 1



DISTRIBUTION: Original – PSU Record, Observation/Restraint/Segregation Review Section; Copy – Security; Copy – (for initial placements) Medical Chart, Psychological Records (Copies) Envelope; Copy – (for initial placements) - Offender

PLACEMENT / REVIEW OF OFFENDER MENTAL HEALTH OBSERVATION

Instructions: PSU staff complete this form for initial mental health placements and for reviews.

OFFENDER NAME CONNER, Eric		DOC NUMBER 420475	FACILITY WSPF
SECURITY STAFF SUPERVISING PLACEMENT Lt. Scullion	PSU STAFF APPROVING PLACEMENT Dr. Hoem	DATE OF PLACEMENT 3/03/17	TIME OF PLACEMENT 9:00 AM
TYPE OF REVIEW	REASON FOR PLACEMENT		
<input checked="" type="checkbox"/> Initial Placement <input type="checkbox"/> Follow-up Review	<input checked="" type="checkbox"/> Dangerous to Self <input type="checkbox"/> Mentally Ill and Dangerous to Self or Others		

DESCRIPTION OF OFFENDER BEHAVIOR THAT RESULTED IN INITIAL PLACEMENT

While at outside recreation, Mr. Conner attempted to hang himself with a towel that he had hid on himself.

CURRENT MENTAL STATUS EVALUATION

DATE 3/03/17 TIME 9:25am

Mr. Conner was seen at cell front on Alpha unit. He would not really speak with this staff member about his behavior or if he had been planning this behavior. Mr. Conner only stated that he was having thoughts of self-harm and "can't be in prison." This clinician attempted to get Mr. Conner to engage in further discussion, but he was not willing to talk with PSU. He did interact and talk with security staff and unit staff. Mr. Conner was alert and oriented to time, person, place and situation. His affect was calm. No signs or complaints of sensory disturbance. Mr. Conner was initially only authorized to have a segregation mattress, toilet paper, and stryomeals based on the nature of his self-harm and concerns for continued self-harm attempts in this status, as he has done in the past.

DECISION

Place in Observation Continue in Observation

Close (15 Minute Checks) Constant (1:1 Observation)

Document allowed property on DOC-112

Release from Observation

Document release on DOC-112 Date / Time of Release

REASON FOR DECISION / TREATMENT PLAN

Mr. Conner was just released from clinical observation status yesterday. This morning he attempted to harm himself and made a comment to an officer that he would keep trying if PSU released him. As such, Mr. Conner was placed in clinical observation status so that unit staff can more closely monitor his behavior and reduce the risk of self-harm.

SIGNATURE OF PSU STAFF MEMBER

PRINT NAME AND TITLE

S. Hoem, Ph.D., Licensed Psychologist

DATE SIGNED

3/22/17

SUPERVISOR SIGNATURE (IF NEEDED)

PRINT NAME AND TITLE

DATE SIGNED

NOTICE TO OFFENDER: You have the right to appeal your placement or continuation in observation to the Administrator of the Division of Adult Institutions when:

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3-2-17

MAR 03 2017

From: Eric Conner #420475
To: Hsu Manager.

Dear Hsu Manager:

I was told by nurse Woods on 3-1-17, Per You, that I could not receive my Foot Cream or Skin lotion while I was on Observation Status. My feet gets really dry skin cracks and hurts. If I'm not given these creams. Regardless of my status, to not give me these medical creams for a medical problem is deliberate indifference; a violation of my prisoner rights.

I just came out of observation after being on it since 2-13-17. I will be going back on on 3-3-17. I would like for you to give the OK to all nurses just like Capt. Eric was, to allow me to receive these creams.

"Exhibit 3"

(~~A~~, ~~B~~)

O.C.

INFORMATION / TIME - RECORD

DESCRIPTION / APPLICATION
AND/OR TREATMENT

HRS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
-----	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Derma-Daily Lotion

APPLY Affected Areas

(PRN)

11-30-17

RE SR

WE SA

SD M

SD MK

PW

Minocin Cream

Daily AS needed

PRN

7-11-17

SD

WE SD

WE SD

WE SD

SD SD

Mouth-Kote

2 spray (PRN)

PRN

8-10-17

WE SD

WE SD

WE SD

WE SD

WE SD

MC

Lactaid

1 tab TID AC (PRN)

PRN

WE SD

WE SD

WE SD

WE SD

WE SD

MC

Triamcinolone 0.1% o.

BID (PRN)

PRN

WE SD

WE SD

WE SD

WE SD

WE SD

MC

Mei-Ster

2 spray PRN

As needed

3-25-17

PRN

WE SD

WE SD

WE SD

WE SD

WE SD

MC

PATIENT NAME (Last, First)

Connor, ERIC

DOC NUMBER

420475

DOB

[REDACTED]

ALLERGIES

LOCATION

WSPT

MONTH/YEAR

2/17-18

CODE: A = ABSENT (out of facility)

R = REFUSED W = WITHHELD

S = SENT with patient

U = MED NOT AVAILABLE; NOTIFY HSU

④ = HSU NOTIFIED OF REFUSALS

Scheduled PRNs: Include TIME of Delivery.
Include number of pills if order allows for multiple
pills.

INITIALS

NB

HC

FULL NAME OF STAFF

M. Bethel RN

M. Levering RN

INITIALS

SA

SH

FULL NAME OF STAFF

J. Anderson

J. Anderson

INITIALS

JL

J. Anderson

"Exhibit 4"

OBSERVATION OF OFFENDER

OFFENDER NAME

Conner, Eric

DOC NUMBER

420475

FACILITY

WSPE

TIME OF PLACEMENT

5:50 pm

DATE OF PLACEMENT

2/13/17

RECORD OF STAFF VISITORS

DATE	TIME IN	PRINT STAFF NAME	INITIAL	COMMENTS / ACTIVITIES	TIME OUT
2/17/17	21 ⁰⁰ M	Scullion	SH	Complaining about access to his legal material in his cell	21 ¹³ M
2-17-17	11 ¹⁰ P _M	Hosfeld	MH	At cell front working to mail out legal mail	11 ¹³ P _M
2-18-17	2 ¹² A _M	Hosfeld	MH	Laying on his matt under window movement noted	2 ¹⁷ A _M
2-18-17	0515 AM	B. E. J. Jr.	BE	Sitting on floor, movement noted	0515 A _M
2/18/17	0635 AM	Lt. Dan	D-	Laying on floor Boc/movement noted	0635 A _M
2/18/17	11:50 P _M	D. Dusek	D	Laying on floor by Cell front - Movement noted	11:50 A _M
2-18-17	1658 P _M	Capt. Shape	JSB	pacing about cell	1700 P _M
2/18/17	20 ²⁰ M	Gebelich	GL	Talking at c.t.	2032 M
20 ⁵⁵ M	Scullion	SH	Holding (prazadone x2) and Refuses to take/handover Med's.. did eventually hand out. Used cream & clover leaf to cover burns...	20 ⁵⁵ M	
2-18-17	11 ⁵¹ P _M	Hosfeld	MH	Laying under window or mat movement noted	11 ⁵¹ P _M

"Exhibit 5"

OFFENDER NAME (Last, First, M.I.)
Connor

OBSERVATION OF OFFENDER - CONTINUED

DOC NUMBER

402420475

FACILITY

WSPF

TIME OF PLACEMENT

1750

DATE OF PLACEMENT

2-13-17

DATE CHECKED	TIME CHECKED	PRINT STAFF NAME	CHECK (✓) If Applicable						For Restraints Only			COMMENTS, PLEASE INCLUDE: • Observations of behavior • Property offered, given, removed or declined • Activities such as showers given or range of motion exercises • Change in monitoring level (i.e. close or constant)
			INITIAL	ACCEPTED MEDS	DECLINED MEDS	ACCEPTED MEAL	DECLINED MEAL	SHOWER OFFERED	RELIEVED SELF	ACCEPTED WATER	DECLINED WATER	
2-25	3:25 M	Gilman	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talking to Staff
	3:35 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	assessed by HSU Staff in HSU Room (Score feet)
	3:50 M	Jorgenson	KJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	back escorted to cell 401
	4:05 M	Jorgenson	KJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L1M given TB
	4:15 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	standing at cell front
	4:28 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	standing at cell front
	4:39 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	accepted meal				
	4:55 P M	Jorgenson	KJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sitting on floor eye contact made
	1713 M	Jorgenson	KJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laying on bed acknowledged staff
	1746 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laying on bed - leg/feet moving
	1756 M	Funk	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laying on bed - feet moving
	1751 M	Jorgenson	KJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TB given talking to Staff ILM stated he would harm self w/ spoon
	1808 M	Gilman	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	standing at cell front
	1810 M	Gilman	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talking to Staff
	1823 M	Schneider	SS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	talking to capt Besen

"Exhibit 6"

OBSERVATION OF OFFENDER - CONTINUED

OFFENDER NAME (Last, First, M.I.) <i>Conner, eric</i>				DOC NUMBER <i>400475</i>		FACILITY <i>NSPF</i>		TIME OF PLACEMENT <i>1730 M</i>		DATE OF PLACEMENT <i>2-13-17</i>	
DATE CHECKED	TIME CHECKED	PRINT STAFF NAME	INITIAL	CHECK (✓) If Applicable					For Restraints Only		COMMENTS, PLEASE INCLUDE: • Observations of behavior • Property offered, given, removed or declined • Activities such as showers given or range of motion exercises • Change in monitoring level (i.e. close or constant)
				ACCEPTED MEDS	DECLINED MEDS	ACCEPTED MEAL	DECLINED MEAL	SHOWER OFFERED	RELIEVED SELF	ACCEPTED WATER	
<i>2-20 1900</i>	M	<i>Fen</i>	<i>JF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>talking to staff</i>
<i>1944</i>	M	<i>Schneider</i>	<i>SS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>walking into vent</i>
<i>1928</i>	M	<i>Schneider</i>	<i>SS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Standing at cell front</i>
<i>1948</i>	M	<i>Fu</i>	<i>JF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>standing at cell front</i>
<i>2050</i>	M	<i>Schneider</i>	<i>SS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Per capt ISSAR - neither far meds / cream allowed while removal &</i>
<i>2055</i>	M	<i>Gibman</i>	<i>C</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Talked to staff</i>
<i>2019</i>	M	<i>Schneider</i>	<i>SS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>talked to staff</i>
<i>2033</i>	M	<i>Schneider</i>	<i>SS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>talked to staff</i>
<i>2046</i>	M	<i>Schneider</i>	<i>SS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>talked to staff</i>
<i>2058</i>	M	<i>Schneider</i>	<i>SS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>walking around cell</i>
<i>2114</i>	M	<i>Schneider</i>	<i>SS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>walking at cell front</i>
<i>2129</i>	M	<i>Green</i>	<i>mc</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Talking into vent</i>
<i>2140</i>	M	<i>Schneider</i>	<i>SS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>walking & standing at cell front</i>
<i>2150</i>	M	<i>Schneider</i>	<i>SS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>walking to inmates</i>
<i>16:10 p</i>	M	<i>Kozelka</i>	<i>K</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>standing at cell front</i>

"Exhibit 7"

OBSERVATION OF OFFENDER

OFFENDER NAME

Connor, Eric

DOC NUMBER

420475

FACILITY

WSFF

TIME OF PLACEMENT

9:00 AM

DATE OF PLACEMENT

3-3-17

OBSERVATION RECORD

DATE CHECKED	TIME CHECKED	Print Staff Name	CHECK (✓) If Applicable						For Restraints Only			Comments. Please include:		
			INITIAL	ACCEPTED MEDS	DECLINED MEDS	ACCEPTED MEAL	DECLINED MEAL	SHOWER OFFERED	RELIEVED SELF	ACCEPTED WATER	DECLINED WATER	Observations of behavior	Property offered, given, removed or declined	Activities such as showers given or range of motion exercises
3-3-17	9 ⁰⁰ A.M.	Gulley	S6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placed in A401 Clinical Obs		
	9 ¹⁰ A.M.	Gulley	S6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting on floor		
	9 ²⁵ A.M.	Gulley	S6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting on floor		
	9 ⁴⁰ A.M.	Pishen	TB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standing at cell fronts		
	9 ⁵⁹ M	T House	MW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facing cell - Naked		
	10 ¹⁷ M	T House	MW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facing cell - Naked.		
	10 ³⁰ M	T House	MW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Per PSU. I'm Does Not Get Clean Oscotions		
	10 ⁴² M	T House	MW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ cell front.		
	10 ⁵⁹ M	T House		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ cell front.		
	11 ⁰⁰ M	Wheeler	OW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e cell front.		
	11 ¹⁵ A.M.	Gulley	S6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting on floor		
	11 ³⁰ A.M.	Bowd	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In back Court cell		
	11 ⁴⁵ A.M.	Brown	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking in cell		
	12 ⁰⁰ M	T House	MW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Accepted meal							
	12 ¹⁵ M	T House	MW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facing cell front		

"Exhibit 8"

OBSERVATION OF OFFENDER

OFFENDER NAME

Connor, Eric

DOC NUMBER

420495

FACILITY

WSPF

TIME OF PLACEMENT

9 am

DATE OF PLACEMENT

3/3/17

RECORD OF STAFF VISITORS

DATE	TIME IN	PRINT STAFF NAME	INITIAL	COMMENTS / ACTIVITIES	TIME OUT
3/11/17	0715 M	N. Bethel RN	NB	Sitting in cell talked to RN	0715 AM
3/11/17	1155 AM	L+T	or	standing by sink / Asking about snack uniformed dog welfare do have a work changed with new one.	1155 AM
3/11/17	1253 PM	Capt. Shupe	V	Sitting against Stobet under Blanket - Movement Noted	1253 PM
3-11-17	1440 PM	Capt. Shupe	NB	Request book, pacing about cell	1448 PM
3/11/17	26 th M	L.T. Scullion	th	Sitting on Bed / Awake	26 th M
3-11-17	10 ²⁵ p _M	Cpt. Hesfeld	M/H	Sitting in his cell awake alert	10 ²⁵ p _M
3-12-17	1 ⁵¹ A _M	Cpt. Hesfeld	M/H	Laying on his side or sat mount noted	1 ⁵¹ A _M
3/12/17	0656 AM	L+T	or	sitting on bed	0656 AM
3/12/17	0715 A _M	N. Bethel RN	NB	Talked @ CF	0715 A _M
3-12-	1450 T _M	Capt. Shupe	NB	Sitting on toilet	1452 M

"Exhibit 9"

OBSERVATION OF OFFENDER

OFFENDER NAME

CONNORS ERIC

DOC NUMBER

420475

FACILITY

WSPF

TIME OF PLACEMENT

0115

DATE OF PLACEMENT

3-8-17

RECORD OF STAFF VISITORS

DATE	TIME IN	PRINT STAFF NAME	INITIAL	COMMENTS / ACTIVITIES	TIME OUT
3-18-17	1830 PM	L.T. CICHANOWSKI	JL	STANDING BY DOOR - AWAKE - DID NOT TALK TO STAFF	1832 PM
3-18-17	2255 PM	Capt. Shape	JWS	lying on floor, movement noted	2300 PM
3-19-17	0245 AM	Capt. Shape	JWS	lying on floor on mat, R side, movement noted 0348 AM	
3-19-17	0525 AM	B. E. Jr	BE	laying on floor, movement noted -	0526 AM
3/19/17	0632 AM	L.T. T.	LT	laying on floor / Movement noted	0632 AM
3/19/17	0800 AM	Daryl Flannery	DF	sitting in corner; awake	0800 AM
3.19.17	11:00 AM	N. Bethel RN	NB	Spoke @ CF	11:02 AM
3-19-17	11:30 AM	L.T. CICHANOWSKI	JL	STANDING ON BED - BATTLING M&R	1132 AM
3-19-17	3:10 PM	L.T. Ofsic	JO	Talking to staff at cell front	3:25 PM
3-19-17	1700 M	Guard	GD	at CF to vis	1705 M

"Exhibit 10"

PROGRESS NOTES

CONNER, Eric

#420475 987

DOC NUMBER

DATE	TIME	PROGRESS NOTES – SUBJECT, OBJECTIVE, ASSESSMENT, PLAN
		DATE 2-22-17 REFUSED scheduled lab draw today. DOC 3220 Refusal of Recommended treatment sent or presented to patient for signature. <u>RE MR</u>
2-25-17	1515	RN to unit for Alpha med pass. RN asked per security, Lt. Chidanawit to assess pt. and apply cream to feet if needed in Unit BSL. Vitals taken. BP - 148/97, P-74, T-98. No ch pain. Pt's feet were washed, c betasoft, rinsed & dried. Minocerin cream applied to both feet. Pt. was then taken back to observation cell. — B. Kramer, RN
2-25-17	1515	Pt's feet were red, very dry, but skin was intact. — B. Kramer, RN
"Exhibit II"		
([REDACTED])		

PROGRESS NOTES

PATIENT NAME Last

First

DOC NUMBER

Conner, Eric

"Exhibit 12"

420475

DATE	TIME	PROGRESS NOTES - SUBJECT, OBJECTIVE, ASSESSMENT, PLAN
------	------	---

→ 3/15/17 08:00 Spoke with Pt. in Alpha HSU for lab work. Pt. 1/2 feet being dried and cracked. Pt. states that PSU does not allow him to have his creams or lotions while in clinical observation. Pt. encouraged to get out of clinical obs, but replies that he is going to stay there "awhile". Unit staff informed this RN that Pt. is no longer allowed to have creams + lotions in clinical obs due to him covering his camera with them. Will notify HSM. — N. Bethel RN

→ 3/15/17 1305 Pt. seen in Alpha HSU. Feet soaked in Epsom salt + warm water for 5 minutes. Feet dried + Minerin cream applied. Pt. is calm and cooperative — N. Bethel RN

3-7-17 2108 Late entry —

3-16-17 (4:30) Called to unit for cell entry for placing patient in mechanical restraints. Patient was cooperative and did not verbalize any complaints during or after the process. Patient appeared calm and small area noted (approx. 3cm x 3cm) of reddened, swollen area to left forehead from patient banging his head purposely on his door. No other injuries noted. CMS + restraint checks completed. Pt. offered fluid & toileting — PEdl, RN

CONNER, Eric

#420475 0 [REDACTED] 1987

Exhibit

DATE

TIME

PROGRESS NOTES - SUBJECT, OBJECTIVE, ASSESSMENT, PLAN

9/19/16 1:00 p Record Review Complete & Copied DRH MRH
9/19/16 1:25 p Presents to PSH exam & record see
DOC 3634 — initials

Inmate and chart received at WSPF. Intake screening done, see intake sheet. Procedure to access HSU and co-pay policy explained and inmate verbalized understanding. See HSU as needed. 09-20-16 NK RN

10-25-16 1520 File review completed. TK ORN
11-23-16 1519 File review completed. TK ORN
12-11-16 1100 Pt. seen for pt. education and RN assessment of foot problems, as directed by HSM. Wt. 209#. Pt. has orthotics and special black shoes he presents wearing. Pt. reports hx of flat foot, and very dry skin. Viewed plantar areas of feet for dry, peeling skin. Pt. reports using Dermadentyl. Pt. asking for a pumice stone and a basin to soak his feet. Informed pt. HSU doesn't have / send out pumice stones and soaking his feet may ↑ dryness. Informed pt. will schedule ACB appt. and pt. verbalized appreciation as he hasn't seen a provider here since transfer. Pt. reports calf muscle pain, ↑ recent workouts. Educated pt. on S/S of infection and S/S of deep vein thrombosis. Pt. agreeable to Plan of Care. — S. Anderson

"Exhibit 13"

PATIENT NAME Last

PROGRESS NOTES

CONNER, Eric

#420475 [REDACTED] 987

NUMBER

a
Exhibit

DATE	TIME	PROGRESS NOTES - SUBJECT, OBJECTIVE, ASSESSMENT, PLAN
12.15.16	1000	Pt. seen for HSR asking to be seen for restriction renewal. Pt. would like his extra washcloth and extra pillow renewed. Wt. 208# Pt. would like these for his acne Keloids he experiences on the back of his neck. Will place pt. on Special Needs Committee for review and scheduling app't. = ACP. ————— SAnderson
		Chart reviewed by Special Needs Committee <u>12.15.16</u> SAnderson
Eric Conner	12-23-16	Site review completed <u>SAC</u>
01/04/17	0905	Provides way to CIV Legal, but pt. is currently on an attorney call. Will refer to address concern for today.
01/04/17	1330	29 yo A-A male ^{sterile} clinic — do dry crusty skin on fed. S: As above. Pt. states she has a skin problem which she has had all day. She is not able to sleep. Also she has a skin problem on her foot which occurred when she was shaved. Pt. says she has pain in her knee. Denies any recent injury. O: Pt. is No GI discomfort, denies constipation or movement. Pt. denies anterior/posterior (cont)

"Exhibit 15"

DATE	TIME	PROGRESS NOTES - SUBJECT, OBJECTIVE, ASSESSMENT, PLAN
01/17/17 (3:30)	(cont)	Osseous negative. No periosteal reaction or O knee. S/G: Two raised (can erythematous) bumps except at head which are not warm to touch. Pt. generally fatigued, cracked skin on the plantar surface of his feet. Pt. also has a marked callus on the ball of his O foot under sole the great toe.
		E/O Dry skin
		② Omag O foot
		③ Erythema following backs
		④ O G ease pain
		P: O M. notes he can't sit up. Pt. recommends. Every sleep sleeping on his back. If downed by security, O knee is a concern. Pt. is concerned for fracture. O knee is confirmed by P. Pt. preferred possible injection of knee if it is needed. OX-ray O knee. Refused to get x-ray. Evaluation of foot sent to podiatrist. File review completed. JK CWA
1-23-17		
02/14/17 0900	31 yrs. A - A male patient is do probably all see into oesophagus	
	S: As above. States he is having stomach issues of diaphragm which he describes closer O: 206#, Abd: Robard 33 & 4#	
	A: O Dry skin	
	P: Certain i.p. at 11.0, also i.g. graft blood & 3, A/FH, - asked this with him	

PREScriber's ORDERS

PATIENT NAME (Last, First)

DOC NUMBER

DATE OF BIRTH

Conner, Eric

420475

-87

DRUG ALLERGIES

Nickel

DO NOT USE ABBREVIATIONS LISTED BELOW

qd qod ug MS MSO4 A.S. A.D. A.U. O.S. O.D. O.U. IU U
Never write a zero by itself after a decimal point. (X.0 mg) Always use a zero before a decimal point. (0.X mg)

DATE/TIME	*CODE	CHECKED BY/DATE
01/04/17 Mazarin cream to elbow daily for 6 months. Bacitracin oint. apply small amount to affected area BSI max 6 months, if swollen X-ray: () knee — Referral to P.T. for evaluation & treatment () knee joint for swollen Pumice stones to address callus () foot if allowed by security if not, make appointment to AGU for pumice treatment of callus on feet — Swollen knee Noted Ouelle RN 1-11-17		
1/30/17 Pt. may have cotton sleeves due to nickel allergy while @ WSPF — Noted 2-1-17 J. Ed. RN, 0835	✓ 2-1-17 PE James Brown ADNP	
02/02/17 lab: FCP — Noted Warden 2-2-17 11e20		

"Exhibit #16"

* SEE REVERSE SIDE FOR ORDERING CODE

CHECK TO BE SURE COPY IS BEING MADE

PATIENT NAME (Last, First)

PRESCRIBER'S ORDERS

DOC NUMBER

DATE OF BIRTH

Conner, Eric

420475

187

DRUG ALLERGIES

Nicke[redacted]

DO NOT USE ABBREVIATIONS LISTED BELOW

qd qod ug MS MSO4 A.S. A.D. A.U. O.S. O.D. O.U. IU U
Never write a zero by itself after a decimal point. (X.0 mg) Always use a zero before a decimal point. (0.X mg)

DATE/TIME	*CODE	CHECKED BY/DATE
9/6/16 DDC baterecid		
1415 ② Please tell patient Baterecid is DCD, Doing very well	✓	call 9/6/16
		Ruth Shulman
9/27/16 D/C Dermacerin	✓	Salatin
1000 Mineris Creme apply to affected areas PRN x 1 month. Tanya Bonnar	✓	Salatin
		10/31/16
10/31/16 D/C Minerin cream.	✓	Salatin
1300 Derma Daily lotion apply to affected areas PRN x 1 year	✓	10/31/16
		Tanya Bonnar APNP
		NOTED/GREEN RETURN 10.31.16 @ 1513
12/1/16 Triamcinolone, 0.1% cream apply to affected areas BID PRN x 1 year	✓	12.1.16
		SA 203
		May have 1 extra wash cloth and 1 extra pillow x one year aft keloids.
		✓ 12.1.16
		Tanya Bonnar APNP
		SA 203
		Noted 12.1.16 SA 2035 Sanderson
		"Exhibit 17"

* SEE REVERSE SIDE FOR ORDERING CODE

CHECK TO BE SURE COPY IS BEING MADE

Conner Eric

DATE	TIME	PROGRESS NOTES - SUBJECT, OBJECTIVE, ASSESSMENT, PLAN
3/3/17	1530	Foot care completed now during foot care patient to sit in wide stance while nurse was drying feet off note patient has only small on patient exposing himself patient instructed at this time to keep with his foot care patient argumentative but did comply — <u>P.E.</u>
→ 4/3/17	1738	Pt refused to come to HSL for foot care. DOC 3220 obtained. — P. Edl RN
4/5/17	0800	Pt. refused lab work, rescheduled for next week — N. Bethel RN
4/6/17	30 y.o. A-A polyarthrosis Alpha + HSU 1400 2-2 generalized body aches Pt. also states Pt. is concerned that the trays he receives in observation are not like those in a voice than regular trays Pt. (23/87 - 59-18 wt: 195#. BMI: 30. Pt. (1) Myalgia (2) Nutritional concerns Pt. (1) Recommended use of 1/2 page or 1/4 page meal plan. (2) will check in dietary inc. # caloric in observation trays vs. regular trays so current weight is about 11# less than in January.	

"Exhibit 8"

HEALTH SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION

► NOTIFY ANY FACILITY STAFF IF YOUR HEALTH CARE NEED IS AN EMERGENCY ►

PRINT LAST NAME <i>Anderson</i>	PRINT FIRST NAME <i>Eric</i>	DOC NUMBER <i>620-475</i>
FACILITY NAME <i>Menard</i>	HOUSING UNIT <i>Alpha 402</i>	TODAY'S DATE <i>03/30/2017</i>

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE

1/6 - Slight

TO BE COMPLETED BY HSU ONLY

MEDICAL (Nurse, Doctor/NP/PA) DENTAL OPTICAL

Charge Copayment: Yes No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

TO BE COMPLETED BY INMATE PATIENT - HEALTH SERVICE REQUEST SECTION

Be sure to include today's date on top of form. Check the appropriate box below, and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The HSU will send a copy back to you indicating that your request has been received.

HEALTH SERVICES HEALTH CARE RECORD REVIEW COPIES FROM HEALTH CARE RECORD (List records below)
 PSYCHIATRIST INFORMATION
 OTHER: *To Nurse Practitioner*

Please provide a brief description below of the services you desire so that HSU can respond to your request appropriately.

I would like to see the nurse practitioner regarding weight loss since obs placement and skin care lotion

DATE RECEIVED:
TO BE STAMPED BY HSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENT: DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY HSU ONLY

HSU RESPONSE Check appropriate box below. Add written comments / information as needed.

Nursing Sick Call: Today Date (if not today):

Scheduled to be seen in HSU ACP RN/LPN Special Needs Evaluation: Optical Other:

Refer HSR to: ACP HSU Manager Psychiatrist MPAA Optical Other:

Refer for copies only: Refer for Health Care Record review appointment:

Educational material attached (Specify): Other:

COMMENT / INFORMATION

Next week appointment is.

PRINT STAFF NAME

Anderson

DATE OF HSU RESPONSE

3.31.17

EW/Mjt 19/11

Case 2:17-cv-00948 DEJ Filed 01/26/18 Page 19 of 54

COPY PATIENT AFTER RESPONSE BY HSU

Document 33-1

HEALTH SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION

é NOTIFY ANY FACILITY STAFF IF YOUR HEALTH CARE NEED IS AN EMERGENCY ↵

PRINT LAST NAME	PRINT FIRST NAME	DOC NUMBER
		11-61-11
FACILITY NAME	HOUSING UNIT	TODAY'S DATE
	A-100-462	4-6-17

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE

TO BE COMPLETED BY HSU ONLY		
<input type="checkbox"/> MEDICAL (Nurse, Doctor/NP/PA)	<input type="checkbox"/> DENTAL	<input type="checkbox"/> OPTICAL
Charge Copayment: <input type="checkbox"/> Yes <input type="checkbox"/> No		
AUTHORIZED STAFF SIGNATURE	DATE OF SERVICE	

TO BE COMPLETED BY INMATE PATIENT - HEALTH SERVICE REQUEST SECTION

Be sure to include today's date on top of form. Check the appropriate box below, and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The HSU will send a copy back to you indicating that your request has been received.

- HEALTH SERVICES HEALTH CARE RECORD REVIEW COPIES FROM HEALTH CARE RECORD (List records below)
 PSYCHIATRIST INFORMATION
 OTHER: To HSO Manager and Provider

Please provide a brief description below of the services you desire so that HSU can respond to your request appropriately.

I was denied medical treatment for my skin between 4-3-17 to 4-6-17. Between this time, I suffered dry and itchy skin and was unable to shower because I was denied medical skin lotion. I complain to you, the provider and various LSPF nurses without remedy.

DATE RECEIVED:
TO BE STAMPED BY HSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENT: DO NOT WRITE BELOW THIS LINE — TO BE COMPLETED BY HSU ONLY

HSU RESPONSE Check appropriate box below. Add written comments / information as needed.

<input type="checkbox"/> Nursing Sick Call: <input type="checkbox"/> Today <input type="checkbox"/> Date (if not today):	
<input checked="" type="checkbox"/> Scheduled to be seen in HSU	<input type="checkbox"/> ACP <input type="checkbox"/> RN/LPN <input type="checkbox"/> Special Needs Evaluation <input type="checkbox"/> Optical <input type="checkbox"/> Other:
<input type="checkbox"/> Refer HSR to: <input type="checkbox"/> ACP <input type="checkbox"/> HSU Manager <input type="checkbox"/> Psychiatrist <input type="checkbox"/> MPAA <input type="checkbox"/> Optical <input type="checkbox"/> Other:	<input type="checkbox"/> Refer for Health Care Record review appointment.
<input type="checkbox"/> Educational material attached (Specify):	<input type="checkbox"/> Other:

COMMENT / INFORMATION

You are scheduled to see the ACP for this issue.

PRINT STAFF NAME	"Exhibit 20"	DATE OF HSU RESPONSE
N. Bethel RN	(<u>Exhibit 20</u>)	4/7/17

PSYCHOLOGICAL SERVICE REQUEST

- USE THIS FORM TO COMMUNICATE WITH THE PSYCHOLOGICAL SERVICES UNIT (PSU).
- USE THE BLUE DOC-3035 HEALTH SERVICE REQUEST IF YOUR REQUEST IS RELATED TO PSYCHIATRIC MEDICATION OR PSYCHIATRIC SERVICES
- PLACE ALL PAGES OF COMPLETED FORM IN THE DESIGNATED COLLECTION LOCATION.
- PRINT CLEARLY

LAST NAME <i>Conner</i>	FIRST NAME <i>Eric</i>	DOC NUMBER <i>420475</i>
FACILITY <i>WSPE</i>	HOUSING UNIT <i>A</i>	CELL NUMBER <i>OBS 402</i>
		TODAY'S DATE <i>8-1-17</i>

REQUEST FOR:

- PSYCHOLOGICAL SERVICES REQUEST FOR COPIES FROM PSU RECORD (List records below)
 REQUEST FOR PSU RECORD REVIEW INFORMATION
 OTHER: *Psychologist Supervisor*

FOLD THIS REQUEST OVER TO THE LINE BELOW SO THAT INFORMATION REMAINS CONFIDENTIAL

DO NOT USE THIS FORM IF YOUR MENTAL HEALTH NEED IS AN EMERGENCY, SPEAK TO STAFF DIRECTLY.
IN THE LINED AREA BELOW, WRITE DOWN WHAT YOUR REQUEST IS ABOUT. BE AS SPECIFIC AS YOU CAN.

I have been complaining about my blanket and washcloth permittally. As well skin cream and lotion. My blanket and washcloth was taken on 3-20-17 because I tried to kill myself with a breakfast bag by suffocation. I never abused my blanket or washcloth. I was told the only way I will receive these items back is if I converse with PSU staff which I have not been since my OBS placement. This is retaliation and I would like these items back and for the bag to be removed from my door. *Written by CO Engelke, M*

I WOULD LIKE TO SEE PSYCHOLOGY STAFF I DO NOT NEED TO SEE PSYCHOLOGY STAFF

DO NOT WRITE BELOW THIS LINE – TO BE FILLED IN BY STAFF ONLY

TRIAINED BY <input checked="" type="checkbox"/> PSU	DATE RECEIVED <i>4/3/17</i>	ACTION <input type="checkbox"/> Direct Response <input checked="" type="checkbox"/> Delegate to _____ <input type="checkbox"/> Refer to PSU (routine) <input type="checkbox"/> Other (specify in notes below)	STAFF INITIALS <i>TG</i>
NOTES (IF NEEDED)			

RESPONSE

- A psychology appointment is scheduled for the following time frame: _____
 Your request has been referred to the Psychiatrist within the Health Service Unit
 Your request has been referred to the Health Services Unit for medical issues
 Refer for a record review appointment or for copies only. (Must be processed within 30 days of request)

Other: *Mr. Conner, items that have been removed from your possession have been removed as a result of your self-harmful behaviors that warrant the need for staff to take safety precautions. Placing a bag over your head to suffocate yourself obviously warrants concern. I have attempted to speak with you and have been ignored, but I will do so again hoping you will speak to me.*

STAFF SIGNATURE
Scott Rubin

DATE SIGNED
4/3/17

PRINT STAFF NAME
Scott Rubin

Thank you.

DEPARTMENT OF CORRECTION
Division of Adult Institutions
DOC-3035B (Rev. 8/2014)

WISCONSIN

PSYCHOLOGICAL SERVICE REQUEST

- USE THIS FORM TO COMMUNICATE WITH THE PSYCHOLOGICAL SERVICES UNIT (PSU).
- USE THE BLUE DOC-3035 HEALTH SERVICE REQUEST IF YOUR REQUEST IS RELATED TO PSYCHIATRIC MEDICATION OR PSYCHIATRIC SERVICES
- PLACE ALL PAGES OF COMPLETED FORM IN THE DESIGNATED COLLECTION LOCATION.
- PRINT CLEARLY

LAST NAME <i>Conner</i>	FIRST NAME <i>Eric</i>	DOC NUMBER <i>420475</i>
FACILITY <i>HSU</i>	HOUSING UNIT <i>Alpha</i>	CELL NUMBER <i>402</i>
		TODAY'S DATE <i>4/4/17</i>

REQUEST FOR:

- PSYCHOLOGICAL SERVICES REQUEST FOR COPIES FROM PSU RECORD (List records below)
 REQUEST FOR PSU RECORD REVIEW INFORMATION
 OTHER:

FOLD THIS REQUEST OVER TO THE LINE BELOW SO THAT INFORMATION REMAINS CONFIDENTIAL

DO NOT USE THIS FORM IF YOUR MENTAL HEALTH NEED IS AN EMERGENCY, SPEAK TO STAFF DIRECTLY.
IN THE LINED AREA BELOW, WRITE DOWN WHAT YOUR REQUEST IS ABOUT. BE AS SPECIFIC AS YOU CAN.

I would like a copy of the no lotion and cream restriction that Dr. Hoern placed on me on 3-3-17, this restriction was taking off my cell door on 4/4/17 by PSU staff MS. Mink. I would like a copy of Dr. Holin restricting my file, since my blanket and washcloth was taking on 3-20-17. I've been extremely cold and deprived of sleep because of this. I've been complaining to several WSPF officials about the coldness of my cell and that my blanket was taking from me when I never abuse my blanket. I would like my washcloth and blanket back. I would also like to be authorized to have orange crocks in my cell, because of the medication foot cream I have to apply to my feet 4 times a day. Without the crocks the cream on my feet comes off when I walk the floor. I was told by HSU manager I would have to have permission to have orange crocks in my cell by PSU. This is a medical issue that can be resolved by PSU. By giving me the crocks washcloth and blanket back. I have been shifting my feet in my bed. I placed my blanket and washcloth under my head. I have received a bag over my head my blanket and washcloth should not be took. I have received

-
- I WOULD LIKE TO SEE PSYCHOLOGY STAFF

-
- I DO NOT NEED TO SEE PSYCHOLOGY STAFF

DO NOT WRITE BELOW THIS LINE – TO BE FILLED IN BY STAFF ONLY

TRIAGED BY <input checked="" type="checkbox"/> PSU	DATE RECEIVED <i>4/5/17</i>	ACTION <input type="checkbox"/> Direct Response <input checked="" type="checkbox"/> Delegate to <i>SH</i>	STAFF INITIALS <i>TG</i>
<input type="checkbox"/> HSU		<input type="checkbox"/> Refer to PSU (routine) <input type="checkbox"/> Other (specify in notes below)	

NOTES (IF NEEDED)

RESPONSE

- A psychology appointment is scheduled for the following time frame: _____
 Your request has been referred to the Psychiatrist within the Health Service Unit
 Your request has been referred to the Health Services Unit for medical issues
 Refer for a record review appointment or for copies only. (Must be processed within 30 days of request)

Other: *Mr. Conner, your complaint about sufficing in obs. is unfortunate given your reluctance to communicate with PSU staff. You will be provided with ongoing medical care and access to behavioral health care in conjunction with your needs and I encourage you to be receptive to services that are and will continue to be offered to you.*

STAFF SIGNATURE <i>Scott Rusin-Ascot</i>	DATE SIGNED <i>4/5/17</i>	PRINT STAFF NAME <i>Scott Rusin-Ascot</i>
---	------------------------------	--

Page 2

Psychological Service Request

Continue on from 4/4/17

Conner Eric #420475 cell #402 Alpha obs cell.

numerous self harm items while in observation from several WSPF officers. PSU department is using my mental illness and self harm as a form of punishment and not offering me any helpful treatment or treatment plan. I would like to be placed somewhere I can receive better treatment for my mental illness and self harm issues.

(~~Redacted~~) "Exhibit #22"

HEALTH SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION

⇒ NOTIFY ANY FACILITY STAFF IF YOUR HEALTH CARE NEED IS AN EMERGENCY ⇐

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 copayment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY HSU ONLY

MEDICAL (Nurse, Doctor/NP/PA) DENTAL OPTICAL

Charge Copayment: Yes No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

HEALTH SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The HSU will send a copy back to you indicating that your request has been received.

- HEALTH SERVICES HEALTH CARE RECORD REVIEW COPIES FROM HEALTH CARE RECORD (List records below)
 PSYCHIATRIST INFORMATION
 OTHER: *HSU Medical Provider*

Please provide a brief description below of the services you desire so that HSU can respond to your request appropriately.

I have been waiting 3 weeks for my mouth spray to arrive from DynaRx Pharmacy I need it. Also please tell me the exact date ASU Manager issued the RU's to pull me out of my cell to provide foot care / foot cream. Filing Civil Suit need information for records.

DATE RECEIVED:
TO BE STAMPED BY HSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENT: DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY HSU ONLY

RESPONSE Check appropriate box below.

- Scheduled to be seen in HSU: MD/DO NP/PA RN/LPN Refer to Special Needs Nurse/Committee
 Treated Today Refer to Psychiatrist Refer to PSU Place on Optometric Waiting List
 Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)
 Non-Medical Problem Other:

WRITTEN RESPONSE

*Your mouth spray has arrived and should be on the medication cart tonight for you.
We first provided foot care to you on 3/15/17, however there is no formal order to provide foot care*

PRINT STAFF NAME

N. Bethel RN

DATE OF HSU RESPONSE

4/21/17

Exhibit "23"

HEALTH SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION

• NOTIFY ANY FACILITY STAFF IF YOUR HEALTH CARE NEED IS AN EMERGENCY ↵

PRINT LAST NAME <i>J. S. C.</i>	PRINT FIRST NAME <i>J. C.</i>	DOC NUMBER <i>43032175</i>
FACILITY NAME <i>WBSP</i>	HOUSING UNIT <i>A 402</i>	TODAY'S DATE <i>3/26/17</i>

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE
J. C. Madsen 3/26/17

TO BE COMPLETED BY HSU ONLY

MEDICAL (Nurse, Doctor/NP/PA) DENTAL OPTICAL

Charge Copayment: Yes No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

TO BE COMPLETED BY INMATE PATIENT - HEALTH SERVICE REQUEST SECTION

Be sure to include today's date on top of form. Check the appropriate box below, and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The HSU will send a copy back to you indicating that your request has been received.

HEALTH SERVICES HEALTH CARE RECORD REVIEW COPIES FROM HEALTH CARE RECORD (List records below)
 PSYCHIATRIST INFORMATION
 OTHER: *4156 Manager / Worder*

Please provide a brief description below of the services you desire so that HSU can respond to your request appropriately.

I would like my skin lotion I've been unable to shower because I'm unable to use my skin lotion after I get out of showers causing me to get dry skin. Please allow me to receive my skin lotion.

DATE RECEIVED:
TO BE STAMPED BY HSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENT: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY HSU ONLY

HSU RESPONSE Check appropriate box below. Add written comments / information as needed.

Nursing Sick Call: Today Date (if not today):

Scheduled to be seen in HSU ACP RN/LPN Special Needs Evaluation Optical Other:

Refer HSR to: ACP HSU Manager Psychiatrist MPAA Optical Other:

Refer for copies only: Refer for Health Care Record review appointment.

Educational material attached (Specify): Other:

COMMENT / INFORMATION

Mr. Connors, You can not have my lotion or creams as you cover your camera. It is a PDC decision because you continue to threaten self harm and remain in physical observation status. The inmate has no habeas petition pending in at HSI

PRINT STAFF NAME

DATE OF HSU RESPONSE

J. L. Kerman RN HSN

3/27/17

ICE REPORT
COMPLAINT NUMBER WSPF-2017-11164
*** ICRS CONFIDENTIAL ***

To: CONNER, ERIC D. - #420475
UNIT: _AR2 -- _221_L
WISCONSIN SECURE PROGRAM FACILITY
PO BOX 9900
BOSCOBEL, WI 53805-9900

Complaint Information:

Date Complaint Acknowledged:	04/28/2017	Inmate Contacted?	No
Date Complaint Received:	04/28/2017		
Subject of Complaint:	25 - Psychology		
Person(s) Contacted:	Psych. Assoc. Mink HSM Waterman		
Brief Summary:	Challenges denial of skin creme		
Summary of Facts:	Psych. Assoc. Mink informed this examiner inmate Conner was denied to possess the creams while in observation for a period of time. During this time HSU staff applied the creams as needed.		
	HSM Waterman informed this examiner there was no order stating inmate Conner needed to possess the creams. HSM Waterman confirmed HSU staff did apply the cream when there was a need.		
	This examiner recommends dismissal of this complaint.		
ICE Recommendation:	Dismissed		
Recommendation Date:	05/22/2017		

W. Brown

W. Brown - Institution Complaint Examiner

"Exhibit 25"

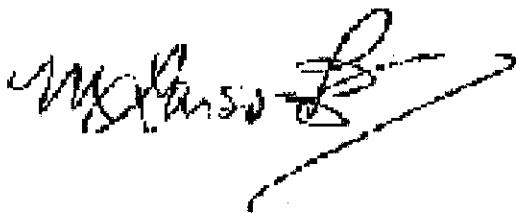
REVIEWING AUTHORITY'S DECISION
COMPLAINT NUMBER WSPF-2017-11164
* * * ICRS CONFIDENTIAL * * *

To: CONNER, ERIC D. - #420475
UNIT: _AR2 -- _221_L
WISCONSIN SECURE PROGRAM FACILITY
PO BOX 9900
BOSCOBEL, WI 53805-9900

Complaint Information:

Date Complaint Acknowledged: 04/28/2017
Date Complaint Received: 04/28/2017
Subject of Complaint: 25 - Psychology
Brief Summary: Challenges denial of skin creme
ICE's Recommendation: Dismissed
Reviewer's Decision: Dismissed
Reason(s) for Decision:
An inmate is placed into observation status if clinical assessment shows he is in danger of harming himself or others. PSU staff determine allowed property while in observation status based on clinical judgment of risk.
The above states the HSU manager confirmed that the cream was applied by HSU while Inmate Conner was in observation status and that there was no medical necessity that the creams be in Inmate Conner's possession.

Decision Date: 06/06/2017



M. Larson - Reviewing Authority

A complainant dissatisfied with a decision may, within 10 calendar days after the date of the decision, appeal that decision by filing a written request for review with the Corrections Complaint Examiner on form DOC-405 (DOC 310.13, Wis. Adm. Code).

"Exhibit 3" "26"

PATIENT COMMUNICATION

PATIENT

CONNER, Eric
#420475 03/30/1987

A220

DOC NUMBER

FACILITY NAME

WCI

You are scheduled for a:

You must follow the following instructions:

- | | | |
|---|---|--|
| <input type="checkbox"/> Follow directions below if this box is checked

As of <ul style="list-style-type: none">• No naps.• No caffeine products such as coffee, tea, canned soda or chocolate. | <input type="checkbox"/> Follow directions below if this box is checked

As of <ul style="list-style-type: none">• No aspirin.• No non non-steroidal anti-inflammatory medications such as buprofen, Naproxen. | <input type="checkbox"/> Follow directions below if this box is checked

• Nothing to eat or drink starting: |
| <input type="checkbox"/> Follow directions below if this box is checked

• Clear liquids only starting | <input type="checkbox"/> Follow directions below if this box is checked: | <input type="checkbox"/> Follow directions below if this box is checked: |

DIRECTIONS FOR MEDICATIONS

The following medication(s) has/have been discontinued. Please stop taking the medication(s) and return the medication(s) to the HSU:

NEW MEDICATION(S)

You have new medication.

TMC 07190. Cream

The medication is:

You should take this medication: 3x day as needed.

The medication is for: Injuring to self

Your medication is kept on your person

Your medication is kept by staff (staff controlled)

Your medication has been ordered from the pharmacy. If you do not get your medication with 7 days, notify the HSU

You have new medication.

The medication is:

You should take this medication:

The medication is for:

Your medication is kept on your person

Your medication is kept by staff (staff controlled)

Your medication has been ordered from the pharmacy. If you do not get your medication with 7 days, notify the HSU

LABORATORY / IMAGING TEST RESULTS

You recently had Lab Work Diagnostic Imaging

Your results were reviewed and are considered normal. No follow-up is needed.

We will continue to see you through chronic care.

Your results are abnormal and a follow-up appointment will be scheduled to discuss your plan of care.

You need to be aware of the following:

SIGNATURE OF HSU STAFF

Ann Shlenger "Exhibit 27" DATE SIGNED
4/29/15

PATIENT COMMUNICATION

PATIENT NAME (Last, First)
Conner, Eric

DOC NUMBER
420475

FACILITY NAME
WSPF

You are scheduled for a:

You must follow the following instructions:

Follow directions below if this box is checked

As of

- No naps.
- No caffeine products such as coffee, tea, canned soda or chocolate.

Follow directions below if this box is checked

As of

- No aspirin.
- No non-steroidal anti-inflammatory medications such as ibuprofen, Naproxen, Meloxicam.

Follow directions below if this box is checked

- Nothing to eat or drink starting:

Follow directions below if this box is checked

- Clear liquids only starting

DIRECTIONS FOR MEDICATIONS

The following medication(s) has/have been discontinued. Please stop taking the medication(s) and return the medication(s) to the HSU:

NEW MEDICATION(S)

You have new medication.

The medication is: Dermadaily Lotion

You should take this medication: apply to affected area as needed

The medication is for:

Your medication is kept on your person

Your medication is kept by staff (staff controlled)

Your medication has been ordered from the pharmacy. If you do not get your medication with 7 days, notify the HSU

You have new medication.

The medication is:

You should take this medication:

The medication is for:

Your medication is kept on your person

Your medication is kept by staff (staff controlled)

Your medication has been ordered from the pharmacy. If you do not get your medication with 7 days, notify the HSU

LABORATORY / IMAGING TEST RESULTS

You recently had Lab Work Diagnostic Imaging

Your results were reviewed and are considered normal. No follow-up is needed.

We will continue to see you through chronic care.

Your results are abnormal and a follow-up appointment will be scheduled to discuss your plan of care.

You need to be aware of the following:

SIGNATURE OF HSU STAFF

"Exhibit #28"

DATE SIGNED

10.31.16

PATIENT NAME (Last, First)

Conna, Eric

DOC NUMBER

420475

DOB

HOUSING UNIT

WISCONSIN

ALLERGIES

NKDA

PATIENT MEDICATION PROFILE RECOPIED ON:

ORIGINAL ORDER DATE	DRUG NAME	DOSAGE	FREQUENCY	PREScriber		FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	STOP/ REORDER DATE
2/4/14	Ibu	200mg	2 po Q10 hr	RN	Date Quantity Dose Code Initials	3/4/14 50 200 111					3/4/14
2/4/14	T-861		1/1	showers RN	Date Quantity Dose Code Initials	3/4/14 1 1 16g	2-20-14	2-21-14	OP	OP	3/4/14
2/4/14	Pristogesic	15mg	HS	RF	Date Quantity Dose Code Initials	3/4/14 30 15 00			DC	Pulled 3/29/14	8-01-14
5/28/14	Trayzdome	50mg	HS	RF	Date Quantity Dose Code Initials	6/5/14 #30 50mg amk					11/28/14
*					Date Quantity Dose Code Initials	7/22/14 80mg 80mg 80mg					
7-15/14	Tmc Cream 0.1%	TID pm	Qm		Date Quantity Dose Code Initials	8/14/14 9-12-14					11/15/15
	clorapac	600mg	Q1Dpm	JS	Date Quantity Dose Code Initials	8/10/14 30 30 30					NR
9/24/14	Trayzdome	50mg	HS	RF	Date Quantity Dose Code Initials	10-21-14 3-16-15 30 30 50mg 77				Renewed 3-18-15 C9	Review 3/24/15
2/19/15	Antibiotic oint	BID		NC	Date Quantity Dose Code Initials	2/19/15 1 tube 1 tube	2-26-15 1 tube	9/11/15			2-19-15

PATIENT NAME (Last, First)

Exhibit 29

DOC NUMBER

B – Returned back to the HSU; C – Sent to court; D – Discharged Medication; L – Obtained from pharmacy other than CPS; O – Ordered from CPS; RI – Reissued (e.g. when transferred); S – Started from stock

DEPARTMENT OF CORRECTIONS / DAI / DOC-3034 (Rev. 12/2009)

DISTRIBUTION: Original – Medical Chart, Medications Section

PATIENT NAME (Last, First)

Conney, Eric
NKDA

DOC NUMBER

420475

DOB

12/18/87

HOUSING UNIT

ALLERGIES

WISCONSIN

PATIENT MEDICATION PROFILE RECOPIED ON:

ORIGINAL ORDER DATE	DRUG NAME	DOSAGE	FREQUENCY	PREScriBER		FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	STOP/ REORDER DATE
2/19/15	Ibuprofen 100mg i/po QID PRN	75				2/23/15	2-25-15	3/19/15	DL			2-19-16
3-18-15	Trazodone	50mg	HS	TC		Date 3-16-15	4-17-15	5-11-15	6-11-15	7-21-15	8-30-15	9-7-3-15
4/23/15 *	Unhein	BID	MH	AAA	PRN	Quantity 30	30	30	30	30	30	30
4-24-15 *	TMC cream	0.1%	Kelad			Dose 50mg	50mg	50mg	50mg	50mg	50mg	50
9-25-15	Trazodone	50mg	HS	AK		Initials MM	MM	MM	MM	MM	MM	
10-30-15 *	Trazodone	75mg	HS	ES		Date 9/15	10-21-15					10-31-16
12-16-15	TMC cream	0.1%	BID prn	Garcia		Quantity 30	30	30	30	30	30	30
1/8/16 at	Trazodone	75-150mg	QHS PRN	Stretch		Dose 75mg	75mg	75mg	75mg	75mg	75mg	75mg

PATIENT NAME (Last, First)

Exhibit 30

DOC NUMBER

B - Returned back to the HSU; C - Sent to court; D - Discharged Medication; L - Obtained from pharmacy other than CPS; O - Ordered from CPS; RI - Reissued (e.g. when transferred); S - Started from stock

DEPARTMENT OF CORRECTIONS / DAI / DOC-3034 (Rev. 12/2009)
DISTRIBUTION: Original - Medical Chart, Medications Section

PATIENT NAME (Last, First)

Conner, Eric

DOC NUMBER

420475

DOB

HOUSING UNIT

WISCONSIN

ALLERGIES

NKDA

PATIENT MEDICATION PROFILE RECOPIED ON:

ORIGINAL ORDER DATE	DRUG NAME	DOSAGE	FREQUENCY	PREScriBER		FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	STOP/ REORDER DATE
8/12/16	Trazodone	200mg	q.H.S. PRN	Strelnick	Date 8-29-16 Quantity 1 Dose 100mg Code ↑ Initials: CTS	09-20-16 27 100 mg S	10-9-16 60 100 mg P.M.	1-13-17 60 100 mg P.M.		renewed		8/12/17
8/12/16	Pratosin	15mg	q.H.S.	Strelnick	Date 8/20/16 Quantity Dose Code Initials	09-20-16 1000			D/C 02/11/17			2/12/17
8/12/16	Mouth-kote	2 sprays	PRN	Strelnick	Date 8/29-16 Quantity 1 Dose 2 Code ↑ Initials: CTS	9/12/16 1000	09-21-16 1	10-10-16 1000 1btl	11/3/16 1000 1btl			copy 2/12/17
8/12/16	ensure I can ē each meal			Schroeder	Date 8/20/16 Quantity 1 Dose Code Initials: JL	8/27/16 54						9/12/16
8-12-16	Dermacream	QID	prn	Schroeder	Date 8-12-16 Quantity 1 Dose Code S Initials: NK	8-12-16 1						8-12-17
9/27/16	minerincreme	prn	apply to affected areas		Date 9/27/16 Quantity 4oz Dose Code S Initials: (S)	10-2-16 4oz 1oz ap	10-31-16 4oz 1oz ap		D/C 10-31-16			3/27/17
10/16/16	TMG Cream	0.1%	B.I.D. prn	Yarica	Date 10-9-16 Quantity 1 Dose 0.1% Code Initials: (S)	11-27-16 1 tube						12-16-16
10-31-16	DermaSalve Lotion	apply to affected area	PRN	T. Benson	Date 10-31-16 Quantity 4oz Dose Code S Initials: Gav	11/3/16 4oz 1oz ap	11-14-16 4oz 1bottle	11/21/16 4oz (1oz ap)	12-27-16 1bottle 1oz ap			copy 11-30-17

PATIENT NAME (Last, First)

Conner Eric

DOC NUMBER

420475

B - Returned back to the HSU; C - Sent to court; D - Discharged Medication; L - Obtained from pharmacy other than CPS; O - Ordered from CPS; RI - Reissued (e.g. when transferred); S - Started from stock

DEP

SI

"Exhibit 31"

PATIENT NAME (Last, First)

Conner, Eric
ALLERGIES
NKDA

DOC NUMBER

420475

DOB

12/18/87

HOUSING UNIT

WISCONSIN

PATIENT MEDICATION PROFILE RECOPIED ON:

ORIGINAL ORDER DATE	DRUG NAME	DOSAGE	FREQUENCY	PREScriBER		FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	FILL/ ORDER	STOP/ REORDER DATE
12-1-16 SA	Triamcinolone 0.1% Cream	Apply to affected areas BID PRN	Tanya Bonson		Date 12-4-16 Quantity 1 tube Dose 0.1% Code O Initials DW	1-15-17 1 tube	1-26-17 1 tube	2-3-17 1 tube	9-26-17 1 tube	10-18-17 1 tube	12-1-17 1 tube	12-1-17 COPY
copy 8/12/16 DW	Mouth-Kote	2 sprays PRN	strelnick		Date 12-14-16 Quantity 1 Dose 0 Code S Initials DW	12-22-16 SPRN	1-22-17 SPRN					2/12/17
copy 10/31/16 DW	Dermadaily lotion	apply to affected areas PRN	T. Bonson		Date 12-15-16 Quantity 4oz Dose 4oz Code S Initials DW	12-22-16 4oz	1-5-17 4oz	1-17-17 4oz	1-19-17 4oz	1-21-17 4oz	1-21-17 4oz	1-30-17
1-11-17 DW	Bacitracin oint.	BID		McArdle	Date 1/11/17 Quantity 1 Dose 0 Code O Initials DW	1/11/17 +						7-11-17
1-11-17 DW	Prunice treatment to callus L foot			McArdle	Date 1-26-17 Quantity 1 Dose 0 Code S Initials DW	1-25-17 S	1-25-17 S	Renewed 06-09-17 MK RN				7-11-17
1/11/17 DW renewed	Mupiro cream	Daily PRN	McArdle		Date 1/11/17 Quantity 1 Dose 0 Code S Initials DW	1/25-17 4oz	4-28-17 4oz	5-1-17 10oz				7-11-17
02-10-17 DW renewed	Mouth-Kote	2sprays PRN	Dr Strelnick		Date 01-22-17 Quantity 1 Dose 0 Code O Initials DW	01-22-17 1	4/21/17 1	4-9-17 1	Renewed 05-19-17 MK RN			08-10-17
02-10-17 DW	Trazadone	200mg QHS	Dr Strelnick		Date 1-3-17 Quantity 60 Dose 100mg Code O Initials DW	1-3-17 60	4-1-17 60	4-1-17 60	4-1-17 60	4-1-17 60	4-1-17 60	08-10-17

PATIENT NAME (Last, First)

Exhibit 32

DOC NUMBER

B – Returned back to the HSU; C – Sent to court; D – Discharged Medication; L – Obtained from pharmacy other than CPS; O – Ordered from CPS; RI – Reissued (e.g. when transferred); S – Started from stock

DEPARTMENT OF CORRECTIONS / DAI / DOC-3034 (Rev. 12/2009)

DISTRIBUTION: Original – Medical Chart, Medications Section

PLACEMENT / REVIEW OF OFFENDER MENTAL HEALTH OBSERVATION

Instructions: PSU staff complete this form for initial mental health placements and for reviews.

OFFENDER NAME Conner, Eric		DOC NUMBER 420475	FACILITY WSPF
SECURITY STAFF SUPERVISING PLACEMENT Lt. Scullion	PSU STAFF APPROVING PLACEMENT Dr. Hoem	DATE OF PLACEMENT 3-3-17	TIME OF PLACEMENT 9:00 AM
TYPE OF REVIEW	REASON FOR PLACEMENT		
<input type="checkbox"/> Initial Placement <input checked="" type="checkbox"/> Follow-up Review	<input checked="" type="checkbox"/> Dangerous to Self <input type="checkbox"/> Mentally Ill and Dangerous to Self or Others		

DESCRIPTION OF OFFENDER BEHAVIOR THAT RESULTED IN INITIAL PLACEMENT

Please see initial DOC-27.

CURRENT MENTAL STATUS EVALUATION

DATE 4-4-17 TIME 11:04 AM

This clinician consulted with Dr. Rubin-Asch and Ms. Waterman about Mr. Conner's lotion usage. Nursing staff on a daily basis were letting Mr. Conner soak his feet and nursing staff were applying lotion to his feet. While nursing staff were applying lotion, Mr. Conner would expose himself to the female nursing staff. After consulting, the team decided that Mr. Conner could have the lotion in cell but if he abused the lotion (smearing it on his camera, walls, etc) that the lotions would be removed and he would not have access to the lotion unless it was doctor ordered. Mr. Conner was seen at cell front on Alpha unit. Mr. Conner would not talk with this clinician. The information that was gathered from the meeting was relayed to Mr. Conner but Mr. Conner would not engage in conversation.

DECISION

<input type="checkbox"/> Place in Observation <input checked="" type="checkbox"/> Continue in Observation	<input checked="" type="checkbox"/> Close (15 Minute Checks) <input type="checkbox"/> Constant (1:1 Observation) <input checked="" type="checkbox"/> Document allowed property on DOC-112
<input type="checkbox"/> Release from Observation	<input type="checkbox"/> Document release on DOC-112 Date / Time of Release

REASON FOR DECISION / TREATMENT PLAN

Mr. Conner did not cooperate with being assessed today. As his risk of self-harm could not be assessed he will remain in observation status. He will also remain in observation status to help reduce his risk of self-harm and so staff can continue to closely monitor his behavior.

SIGNATURE OF PSU STAFF MEMBER 	PRINT NAME AND TITLE A. Mink, MAC Psychological Associate	DATE SIGNED 5-24-17
SUPERVISOR SIGNATURE IF NEEDED 	PRINT NAME AND TITLE Dr. S. Rubin-Asch, Psy. D Licensed Psychologist	DATE SIGNED 5/25/17

NOTICE TO OFFENDER: You have the right to appeal your placement or continuation in observation to the Administrator of the Division of Adult Institutions when:

You are in observation status and have not been evaluated by a member of the psychological services staff or a physician within 2 working days, or you have been in observation for dangerousness to self for at least 30 days and wish to challenge the psychologist's written "Review of Dangerousness to Self" decision.

"Exhibit 33"

PLACEMENT / REVIEW OF OFFENDER MENTAL HEALTH OBSERVATION

Instructions: PSU staff complete this form for initial mental health placements and for reviews.

OFFENDER NAME Conner, Eric		DOC NUMBER 420475	FACILITY WSPF
SECURITY STAFF SUPERVISING PLACEMENT Lt. Scullion	PSU STAFF APPROVING PLACEMENT Dr. Hoem	DATE OF PLACEMENT 3-3-17	TIME OF PLACEMENT 9:00 AM
TYPE OF REVIEW	REASON FOR PLACEMENT		
<input type="checkbox"/> Initial Placement <input checked="" type="checkbox"/> Follow-up Review	<input checked="" type="checkbox"/> Dangerous to Self <input type="checkbox"/> Mentally Ill and Dangerous to Self or Others		

DESCRIPTION OF OFFENDER BEHAVIOR THAT RESULTED IN INITIAL PLACEMENT

Please see initial DOC-27.

CURRENT MENTAL STATUS EVALUATION

DATE 4-4-17 TIME 11:04 AM

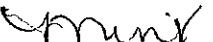
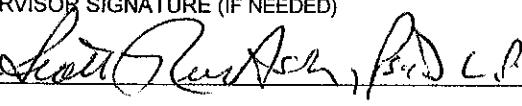
Mr. Conner was seen at cell front on Alpha unit. Mr. Conner was sitting on the edge of his bed facing the wall. Mr. Conner would not acknowledge this clinician. This clinician explained to Mr. Conner after consulting with the HSU staff, Ms. Waterman, and Dr. S. Rubin-Asch that he would be allowed to have his foot lotion in his cell. This clinician explained to Mr. Conner that the lotion should only be used for his feet and if he misuses the lotion than, the lotion would be restricted while he is in observation.

DECISION

<input type="checkbox"/> Place in Observation <input checked="" type="checkbox"/> Continue in Observation	<input checked="" type="checkbox"/> Close (15 Minute Checks) <input type="checkbox"/> Constant (1:1 Observation)
	<input checked="" type="checkbox"/> Document allowed property on DOC-112
<input type="checkbox"/> Release from Observation	<input type="checkbox"/> Document release on DOC-112 Date / Time of Release

REASON FOR DECISION / TREATMENT PLAN

Mr. Conner did not cooperate with being assessed today. As his risk of self-harm could not be assessed he will remain in observation status. He will also remain in observation status to help reduce his risk of self-harm and so staff can continue to closely monitor his behavior.

SIGNATURE OF PSU STAFF MEMBER 	PRINT NAME AND TITLE A. Mink, MAC Psychological Associate	DATE SIGNED 4-4-17
SUPERVISOR SIGNATURE (IF NEEDED) 	PRINT NAME AND TITLE Dr. S. Rubin-Asch, Psy. D Licensed Psychologist	DATE SIGNED 4/11/17

NOTICE TO OFFENDER: You have the right to appeal your placement or continuation in observation to the Administrator of the Division of Adult Institutions when:

You are in observation status and have not been evaluated by a member of the psychological services staff or a physician within 2 working days, or you have been in observation for dangerousness to self for at least 30 days and wish to challenge the psychologist's written "Review of Dangerousness to Self" decision.

"Exhibit 34"

United States District Court for
Eastern District of Wisconsin.

Eric D. Conner,
Plaintiff Respondent.

v.

Stacy L. Hoem,
Scott Rubin-Asch,
Angelica Mink,
Jolinda Waterman,
Sandy McArdle,
and Nathan Bethel,

Defendants.

Case No. 17-cv-948

"AFFIDAVIT"

"Affidavit" Of Zachary Hayes # 271739 In
Support Of Plaintiff's Claims and Exhibit -
Document.

I, Zachary Hayes, Pursuant to 28 U.S.C. §
1746 Under Penalty Of Perjury, State the fol-
lowing to be true:

- 1.)- I make this Affidavit based upon Personal Knowledge, Information, and belief.
- 2.)- At all times herein, I was confined in the Segregation Unit at WSPF- Alpha Unit in cell 405 on Disciplinary Separation Status during the Months: March and April of 2017, while Mr. Conner was on Clinical Observation Status Cell 402.

x Zachary Hayes
Signature of Affiant

"Exhibit" 35
(Page 1 of 5)

Eastern District Of Wisconsin

- 3.) - I was conversing with Conner everyday either through the Cells Ventilation System or over the Range through the Cells doors. We converse about his Pain and Suffering, illicit Punishments, and retaliation by HSL, PSU, and Security Staff at USSPF.
- 4.) - PSU Staff would try to communicate with Mr. Conner Monday - Fridays every week. However, Mr. Conner would remain silent with them all.
- 5.) - I was aware that Dr. Hoem denied Mr. Conner access to his medicated Crèmes and lotion for coming back on Clinical Observation Status, further placing a hand-written restriction stating such and placing it on his cell door. I saw this restriction on Conner's cell door every time I walked past his cell.
- 6.) - I heard Conner asking Nurse Rethel as well as other Nurses during medication passes for his Crèmes / Lotion; and complaining / informing them that he is in pain and suffering without them, however, they kept denying Conner and refused to issue immediate medical treatment / remedies.

X Zachary Fayer
Signature of Affiant
"Exhibit #35"
(Page 2 of 5)

Eastern District of Wisconsin

- 7.) - I overheard Conner conversing with the HSU Manager, Solinda Waterman at his Cell-Front, where he was complaining about his Pain and Suffering and discomfort with his medical conditions: Skin, Feet, and Keloids. I heard Ms. Waterman tell Conner that she has been fully aware of his Complaints, and suffering and that PSU has denied him access to his prescribed medicated creams and lotion.
- 8.) - I heard Mr. Conner tell Ms. Waterman to look at the condition of his Keloids, Skin, and feet. Ms. Waterman responded: "I can't do anything about it." She walked away from his cell.
- 9.) - I could hear as well as other inmates Mr. Conner moaning out in Pain that he stated was constant throughout his feet and Keloids.
- 10.) - I was aware that Mr. Conner i didn't showering/making to show due to Dr. Hoen's restriction; restricting Conner access to his medicated skin lotion. I, and other inmates, DOC officials could smell the funk, stink coming through inmate Conner's observation cell door whenever I walk by.

X Zachary Hayes
Signature of Attendant

"Exhibit # 35"
(Page 3 of 5)

Eastern District of Wisconsin

- 11.)- Several times in late March of 2017, I heard Dr. Scott Rubin-Asch at Conner's Observation Cell trying to get him to talk and when Conner wouldn't, Rubin-Asch would tell Conner; I know you are in pain and are suffering, and in need of your medicated creams / lotion, but the only way you will receive these creams / lotion is if you start talking to PSU staff.
- 12.)- I am the author of the written DOC-3035B form: Psychological Service Request. (2 Pages) dated: April 4, 2017. Mr. Conner asked me to write Dr. Rubin-Asch a DOC-3035B form on April 4, 2017, in which I did because he was unable to due to his Clinical Observation Status.
- 13.)- With Conner's permission I wrote Dr. Rubin-Asch Complaining and informing him as Conner told me, of his pain and suffering, wanting his creams / lotion, and a copy of Dr. Hoem's Handwritten restriction dated March 3, 2017, about wanting / needing Orange (Crocs) Sandles among other things. The DOC-3035B Form may be hard for some to read so this (my) affidavit Paragraphs 12 and 13, are in support of the DOC-3035B form dated: April 4, 2017.

X Zachary Hayes
Signature of Affiant

"Exhibit # 35"
(Page 4 of 5)

Eastern District of Wisconsin

Pursuant To 28 U.S.C. § 1746, I
Declare Under The Penalty Of
Perjury The Following Is True And
Correct. I am Competent To Testify
To The Above.

Signature: Zachary Hayes

Dated This 18th day of December, 2017.

"Exhibit 35"
(Page 5 of 5)

Zachary Hayes
#271739
W.S.P.F.
P.O. Box 1008
Boscobel, WI
53805.

 <p>DIVISION OF ADULT INSTITUTIONS POLICY AND PROCEDURES</p>	DAI Policy #: 500.10.08		Page 1 of 3
	Original Effective Date: 08/03/97		New Effective Date: 09/08/14
	Supersedes: 500.10.08		Dated: 06/20/11
	Administrator's Approval: Cathy A. Jess, Administrator		
	Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted			
Chapter: 500 Health Services			
Subject: Access to Care			

X **POLICY**

All Division of Adult Institution facilities shall ensure inmate patients have access to care to meet their serious medical, dental and mental health needs. All inmate patients shall have access to health care in a timely manner.

REFERENCES

National Commission on Correctional Health Care, Standards for Health Care in Prisons, P-A-01, 2014

DEFINITIONS, ACRONYMS, AND FORMS

BHS – Bureau of Health Services

HSU – Health Services Unit

RHA – Responsible Health Authority

Exhibit 3b

PROCEDURE

X I. **Access to Care**

- A. Access to care means that in a timely manner, an inmate patient can:
 - 1. Be seen by a qualified health professional.
 - 2. Be given a professional clinical judgment.
 - 3. Receive care that is ordered.
- B. Inmate patients shall be notified, upon admission, of the process to request health care.
- C. Unreasonable barriers to accessing health care shall be identified, avoided and eliminated. Examples of unreasonable barriers may include:
 - 1. Punishing inmates for seeking health care for their serious medical needs.
 - 2. Assessing excessive copayments that prevent or deter inmate patients from seeking help for their serious health needs or assessing any fees for treatments arising from sexual abuse.
 - 3. Deterring inmate patients from seeking care such as holding sick call at 2:00 AM when this practice is not reasonably related to the needs of the facility.
 - 4. Understaffed or poorly organized systems that result in the inability to deliver appropriate and timely care for patients to meet their serious health needs.

DAI Policy #: 500.10.08	New Effective Date: 09/08/14	Page 2 of 3
Chapter: 500 Health Services		
Subject: Access to Care		

- D. Security/custody or segregation shall not be a barrier in access to health care.
- E. The RHA shall:
1. Identify and eliminate any barriers to inmates receiving health care.
 2. Implement quality improvement measures as needed related to access to care.

Bureau of Health Services: _____ Date Signed: _____
James Greer, Director

_____ Date Signed: _____
Ryan Holzmacher, MD, Medical Director

_____ Date Signed: _____
Mary Muse, Nursing Director

Administrator's Approval: _____ Date Signed: _____
Cathy A. Jess, Administrator

Exhibit 36"

 <p>DIVISION OF ADULT INSTITUTIONS POLICY AND PROCEDURES</p>	DAI Policy #: 500.10.01	Page 1 of 3
	Original Effective Date: 01/16/98; 03/01/01	New Effective Date: 04/04/16
	Supersedes: 500.10.01	Dated: 08/28/14
	Administrator's Approval: Jim Schwocert, Administrator	
	Required Posting or Restricted:	
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Medical Autonomy		

X **POLICY**

All Division of Adult Institution facilities shall ensure clinical decisions and actions regarding health care provided to inmates to meet their serious medical needs are made for medical purposes and are the sole responsibility of qualified health care professionals.

REFERENCES

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2014 – P-A-03 Medical Autonomy

DEFINITIONS, ACRONYMS, AND FORMS

BHS – Bureau of Health Services

Custody staff – Includes line security as well as correctional administration.

DOC – Department of Corrections

X Health Care – The sum of all actions, preventative and therapeutic, taken for the physical and mental well-being of a population. Among other aspects, health care includes medical, dental, mental health, and dietetic services and environmental conditions.

· Health Care Staff – All qualified health care professionals, administrative and support staff that are directly supervised by BHS or the Responsible Health Authority (RHA).

X Qualified Health Care Professional – Physicians, Psychiatrists, Dentists, Psychologists, Nurses, Nurse Practitioners, Physical Therapists, Psychiatric Social Workers and others who by virtue of their education, credentials, and experience are permitted by law and licensure to evaluate and care for patients.

PROCEDURE

X I. **Professional Autonomy**

- A. Qualified health care professionals shall have the autonomy to make clinical decisions regarding medically necessary health care provided to inmate patients.

"Exhibit 37"

- B. Designated responsible staff, at both the facility and BHS level, is the final authority in decisions concerning the medical, dental, and mental health needs of inmate patients.
- C. Clinical decisions and their implementation are completed in an effective and safe manner, and in accordance with State regulations, DOC/BHS policies, protocols and professional standards.
- D. Administrative decisions such as utilization review are coordinated, if necessary, with the clinical needs so that inmate patient care is not jeopardized.
- E. Custody staff and other personnel support the implementation of clinical decisions.
- F. The delivery and implementation of health care is a joint effort of custody and health care staff. Collaboration between disciplines is encouraged to ensure the health and safety of the patient population.
- G. Issues and problems that arise related to medical autonomy shall be addressed at the facility level when possible. Unresolved issues or those broader in scope shall be addressed at the BHS level.
- H. Policy review and/or continuous quality improvement shall be utilized in addressing issues or problems which are perceived to impact professional and legal responsibilities or medical autonomy.
- I. Health care staff is subject to the same security regulations as other facility employees.

"Exhibit 37"

Bureau of Health Services: _____ Date Signed: _____
 James Greer, Director

 Date Signed: _____
 Ryan Holzmacher, MD, Medical Director

 Date Signed: _____
 Mary Muse, Nursing Director

Administrator's Approval: _____ Date Signed: _____
 Jim Schwochert, Administrator

 <p>DIVISION OF ADULT INSTITUTIONS POLICY AND PROCEDURES</p>	DAI Policy #: 500.10.33	Page 1 of 4
	Original Effective Date: 07/31/13	New Effective Date: 10/08/14
	Supersedes: 500.10.33 Dated: 07/31/13	
	Administrator's Approval: Cathy A. Jess, Administrator	
	Required Posting or Restricted:	
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Inmate Patient Safety		

POLICY

The Division of Adult Institutions shall promote inmate patient safety by implementing inmate patient safety systems to reduce and prevent adverse and near-miss clinical events. Inmate patient safety shall be addressed in a professional, non-punitive and supportive environment.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2014, P-B-02 – Patient Safety
DAI Policy 500.80.16 – Medication Occurrence Reporting

DEFINITIONS, ACRONYMS, AND FORMS

Adverse Event – An injury or death caused by medical management rather than an inmate patient's underlying disease or condition.

BHS – Bureau of Health Services

CQI – Continuous quality improvement

DOC-3703 – Health Services Adverse and Near Miss Clinical Event Reporting Form

HSU – Health Services Unit

Near-miss clinical event – A clinical error without an adverse inmate patient outcome.

Patient Safety Systems – Practice interventions in place designed to prevent adverse or near miss clinical events.

Responsible Health Authority (RHA) – Responsible for the facility's health care services; arranges for all levels of health care; and assures quality and assessable and timely health services for inmate patients.

"Exhibit 38"

PROCEDURE

I. General Guidelines

A. The RHA shall proactively implement inmate patient safety systems to prevent adverse and near-miss clinical events.

- B. The RHA shall implement an error reporting system for health staff to voluntarily report, in a non-punitive environment, errors that affect inmate patient safety.
- C. Health staff is encouraged to voluntarily report each adverse clinical event or near miss clinical event to the HSU Manager/designee utilizing DOC-3703 – Health Services Adverse and Near Miss Clinical Event Reporting Form.
- D. HSU staff shall follow DAI Policy 500.80.16 for medication occurrences.
- E. The RHA/designee and/or Warden/designee has the authority to take immediate and appropriate action in the event of an emergency situation where there is a clear and present danger that poses a threat to life, a threat of personal injury or a threat of damage to property.
- F. The RHA/designee is responsible for orienting staff to safety policies/procedures and education for job and task specific safety measures.

Exhibit 38"

- II. **Reported Events**
 - A. Once an event is reported, the RHA/designee shall review the event to determine if:
 - 1. Immediate action is required.
 - 2. Additional inmate patient safety systems need to be considered for inmate patient safety.
 - 3. The issue shall be forwarded to BHS for further review.
 - 4. Further review is necessary based on evaluation of trends.
 - 5. Concerns identified that go beyond the facility shall be communicated with the appropriate authorities.
 - B. The RHA/designee shall discuss trends and corrective action plans with the facility Warden/designee.
 - C. The RHA/designee shall determine whether the event shall be forwarded to the facility CQI Committee for consideration.

- III. **Measures to Promote Inmate Patient Safety**

- A. Regular evaluations of the work environment for work practices and hazards is required to maintain safety management.
- B. Identified risks and hazards shall be addressed immediately.
- C. The RHA/designee is responsible to monitor the processes designed to correct identified problems.
- D. The RHA/designee is responsible to assure employee sub-standard performance is corrected in a timely fashion to prevent further occurrences.

 DIVISION OF ADULT INSTITUTIONS POLICY AND PROCEDURES	DAI Policy #: 500.30.18	Page 1 of 5
	Original Effective Date: 05/01/04	New Effective Date: 02/15/17
	Supersedes: 500.30.18 Dated: 12/23/14	
	Administrator's Approval: Jim Schwochert, Administrator	
	Required Posting or Restricted:	
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Nursing Protocols		

POLICY

All Division of Adult Institution facilities shall utilize approved Nursing Protocols. Nursing Protocols are written guidelines for Registered Nurses to use in assessing inmate patients, making clinical judgments about inmate patient health conditions and implementing a plan of care.

REFERENCES

- Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2014, P-E-11 – Nursing Assessment Protocols
- Wisconsin Administrative Code Ch. N 6 – Standards of Practice for Registered Nurses and Licensed Practical Nurses
- DAI Policy 500.30.72 – Nursing Vital Signs Referral Parameters
- Lippincott Manual of Nursing Practice
- Lippincott Williams & Wilkens 10th Ed. Nettina, S. M. (2014)
- Lippincott Williams & Wilkens (2013) Nursing Procedures, 6th Ed.
- Lippincott Williams & Wilkens (2015) Nursing Drug Handbook, 35th Ed.

DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – Provider with prescriptive authority.

DAI – Division of Adult Institutions

DOC – Department of Corrections

HSM – Health Service Manager

HSU – Health Services Unit

NC4 – Nurse Clinician 4

P&T – Pharmacy and Therapeutics

RN – Registered Nurse

SOAP – Subjective, objective, assessment and plan

Exhibit 39^u

"Exhibit 39"

PROCEDURE**I. Overview**

- A. Nurses shall practice within their licensure, training, experience and level of competence.
- B. Nursing protocols serve as a guide to the nurse's assessment and subsequent actions, and do not substitute for the nurse's clinical judgment.
 - 1. Nursing protocols shall not restrict the nurses' assessment of the inmate patient.
 - 2. The nurse shall be capable of critical thinking and drawing on current evidence based practice knowledge to determine if different or additional information is needed.
- C. Nursing protocols may address a wide range of health concerns; however, each inmate patient issue shall be assessed and evaluated specifically to the inmate patient concern, inmate patient's health history and presentation. The nurse shall consider the least possible health issue to the most complex and serious concerning assessment of the inmate patient.
- D. The nurse is expected to utilize clinical judgment, evidenced based practice, and current research in assessment, planning, intervention, and evaluation.
 - 1. The nurse shall determine the most appropriate nursing protocol based on the inmate patient's presentation and assessment.
 - 2. It is possible that no or more than one nursing protocol exists to meet an inmate patient's needs.
- E. Collaboration between nurses and ACPs is expected as it relates to care and treatment of inmate patients.
- F. Each protocol shall contain a definition of the problem and its potential causes, the clinical features most commonly associated with the condition, the nursing assessments, nursing diagnosis, and nursing interventions, utilizing the nursing process and shall include, referrals, follow up care, and inmate patient education and instructions.
- G. Nursing protocols are developed and reviewed by the nursing protocol committee and receive a final review and approval from the Director of Nursing and the Medical Director.
- H. The use of prescription medications shall not be used in nursing protocols, except for those covering emergency life-threatening situations. Emergency administration of these medications requires a subsequent ACP order.

II. Orientation, Education, and Training

- A. Nurses shall be trained and demonstrate competency in the sick call process and the proper use of nursing protocols.

- B. The HSM shall establish a system of validating and documenting nurse competency.

"Exhibit 40"

III. Use of Nursing Protocols

- A. Protocols shall be available to nurses and shall serve as guidelines. They do not substitute for clinical judgment during health encounters.
1. The RN is expected to utilize sound clinical judgment, evidenced based practice, and current nursing research in delivering care.
 2. Protocols shall be utilized to assist the nurse, and shall not limit the nurse's clinical assessment, resources, or clinical judgment.
 3. Professional clinical judgment determines what information needs to be collected as part of the nursing assessment and in the development of the plan of care.
- B. Nursing protocols use shall include an inmate patient face-to-face assessment, unless the nurse is on call. The on-call nurse shall speak directly to the inmate patient and utilize nursing protocols in addition to their nursing clinical judgment.
- C. Nursing assessments shall include a complete set of vital signs.
- D. When an on-call nurse uses the nursing protocol they are required to make a clinical judgment as to whether the inmate patient needs on-site evaluation, or immediate evaluation off-site.
- E. Documentation of the nursing process shall include assessment, nursing diagnoses, outcome/planning, implementation, patient education, evaluation and nursing protocols utilized.

IV. Development and Review of Nursing Protocols for the Bureau

- A. Existing Nursing Protocols are reviewed annually to determine continuing need or modification.
- B. The Nursing Protocol Committee shall receive recommendations for new protocols or revision to existing protocols from clinical staff.
- C. The Director of Nursing and Medical Director shall review Protocol requests and approve or reject the development of Nursing Protocols.
- D. Nursing protocol development shall be consistent with the National Commission on Correctional Health Care Standards, current ANA Correctional Standards of Care, and in alignment with the Wisconsin Department of Safety and Professional Services. They shall adhere to the community standards and evidence based practice.
- E. Nursing Protocols that contain medications will require additional approval by the P&T Committee or its sub-committee.

DAI Policy #: 500.30.18	New Effective Date: 02/15/17	Page 4 of 5
Chapter: 500 Health Services		
Subject: Nursing Protocols		

- F. Members of the Nursing Protocol Committee shall be made up of at least one nursing coordinator, nurse educator, nurse clinician, HSMs and a pharmacist.
- G. The Director of Nursing shall appoint a Nursing Coordinator from the Bureau of Health Services to serve as a clinical resource and consultant to the Chair(s) of the Nursing Protocol Committee.
- H. The Director of Nursing and Medical Director shall serve as consultants to the Nursing Protocol Committee.
- X I. Annually, the facility ACP and HSM shall have a signed declaration indicating their acknowledgement and review of approved protocols.
- X J. The HSM of the HSUs shall ensure RNs are oriented to and demonstrate competency in the use of the nursing protocols in their facilities. In the Wisconsin Correctional Center System, the assigned Health Services Nursing Coordinator shall designate responsibility for review to the NC4.
 - 1. The HSM/NC4 shall maintain a record of all RN orientation, training compliance and competency and annual review.
 - 2. All new or revised nursing protocols shall be reviewed at staff meetings with RNs.
 - 3. The HSM/NC4 shall ensure evidence of education on new protocols, retraining where competency enhancement is necessary, and when protocols are revised.
- K. Health Services Nursing Coordinators have responsibility for ensuring compliance with education and training by HSMs/NC4s.

Bureau of Health Services: Exhibit 40 Date Signed: _____
 James Greer, Director

Date Signed: _____
 Ryan Holzmacher, MD, Medical Director

Date Signed: _____
 Mary Muse, Nursing Director

Administrator's Approval: _____ Date Signed: _____
 Jim Schwochert, Administrator

United States District Court for
Eastern District of Wisconsin

C. DECLARATION

"Exhibit #41"

I, Officer Judie, declare under the Penalty
of Perjury the following to the best of my Knowledge:

- (1) - I was working as an Officer, 3rd Shift, in the Segregation building; Alpha Unit, between the months of March and April 2017, at Wisconsin Secure Program Facility (WSPF).
- (2) - Mr. Conner was on Clinical Observation Status during these Months of March and April 2017.
- (3) - Mr. Conner Complained multiple times to me, as well as other Officers that PSU refuse to issue him a "High Security Blanket", Soap, Washcloth, And Dental Care Products, as well as his medicated creams / lotion.
- (4) - Mr. Conner further Complained to me and several DOC WSPF Officials during these 2 Months about being extremely cold; due to not having a blanket and the coldness of the Observation Cells on Alpha Unit. Mr. Conner further Complained to me that he is unable to sleep because of this. I could see Mr. Conner several times shivering, for he only has a sleeves smock on.

Signature: Tyler Judie

(1) or (2) 12-10-17

(5) - I Observed that ONLY Mr. Conner Shivering because of the COLDNESS of the Observation cells, but I seen that he had cuts on the bottom of his feet that were bleeding; as well as his Keloids on the back of his head that he showed me. Mr. Conner complained that he was in Pain, suffering, and experiencing extreme discomfort due to not having a blanket, Dental Care Products, access to his medicated creams and lotion. The Pain Mr. Conner Was Experiencing Was Very obvious.

(6) - I am aware that the Clinical Observational Cells on Alpha Unit, especially during the Winter months are extremely cold; by other inmates who complained, Other than, Mr. Conner. Mr. Conner also complained to me and other Doc. WSPF I write shirts that he is unable to Shower and hasn't Shower because PSU Staff has denied him his medicated lotion for his skin clean with soap and wash cloth. While talking to Mr. Conner several times I can actually smell the funk coming through his cell door.

(7) - I heard and Observed Various Doc WSPF Officials: Officers, Sgt.s, Lt.s, and Capt.s, talk about the reason Mr. Conner does being denied his medicated creams/lotion, having his Blanket, Soap, Washcloth, Dental Products withheld and/or denied; Was because Mr. Conner Came back on Clinical Observation Status So Soon and because Mr. Conner has not been talking to PSU Staff Since his March 3, 2017, Clinical Observation Placement and not because the SPIS-warm, attempted suicide behavior while on Clinical observation status. They Doc officials thought by depriving Conner of various things, he will start talking to PSU staff.

Pursuant to 28 U.S.C. 1746, I declare under the Penalty of Perjury the following is true and correct. The declarant is competent to testify on the matters stated.

Signature: Tyler Nudi

Dated this 10 day of December, 2017

WSPF-Doc Official
101 Morrison Drive
P.O. Box 9900
Boscobel, WI 53805

"Exhibit 41"

Acne Keloidalis Nuchae

- Author: Elizabeth K Satter, MD, MPH; Chief Editor: William D James, MD more...

Updated: Jun 17, 2014

Exhibit 42

Background

Acne keloidalis nuchae (AKN) is a condition characterized by follicular-based papules and pustules that form hypertrophic or keloid-like scars. AKN typically occurs on the occipital scalp and posterior neck and develops almost exclusively in young, African-American men.^[1] The term acne keloidalis nuchae is somewhat of a misnomer because the lesions do not occur as a result of acne vulgaris, but rather a folliculitis. Moreover, histologically lesions are not keloidal.^[2]

Acne keloidalis nuchae was first recognized as a discrete entity in the late 1800s. Hebra was the first to describe and document this condition in 1860, under the name sycosis framboesiformis. Subsequently in 1869, Kaposi described this same condition as dermatitis papillaris capillitii.^[3] The term acne keloidalis was then given to this condition in 1872 by Bazin, and, since that time, this is the name most often used in the literature.^[2]

Lesions initially manifest as mildly pruritic follicular-based papules and pustules on the nape of the neck. Chronic folliculitis ultimately leads to development of keloid-like plaques. AKN develops in hair bearing skin areas, and broken hair shafts, tufted hairs, and ingrown hairs can be identified within and at the margins of the plaques themselves. Lesions can grow over time and become disfiguring and painful. In advanced cases, abscesses and sinus tracts with purulent discharge may develop. Unlike true acne vulgaris, corhodones are not a common feature of AKN.

Pathophysiology

The exact etiology of AKN is unclear. It is thought that chronic irritation from coarse, curly hairs in the skin leads to inflammation and development of these lesions. This hypothesis is supported by the fact that close shaving and chronic rubbing of the area by clothing or athletic gear make AKN worse. In a study of 453 high school, college, and professional American football players, 13.6% of African American athletes had acne keloidalis nuchae, as opposed to none of the Caucasian athletes.^[4] It has also been shown that men who have haircuts more frequently than once a month are at higher risk of developing acne keloidalis nuchae.^[5]

Pseudofolliculitis barbae (PFB) is a similar condition that occurs commonly in African Americans. In PFB, it has been proposed that close shaving of coarse, curved hairs facilitates the reentry of the free end of the hair into the skin, which then invokes an acute inflammatory response.

While ingrowing hairs may account for small papules, they do not sufficiently explain the progressive scarring alopecia that occurs in some patients. These patients with scarring alopecia often exhibit recurrent crops of small pustules and may have a condition akin to folliculitis decalvans. Chronic low-grade bacterial infection, autoimmunity, and some types of medication (eg, cyclosporine, diphenylhydantoin, carbamazepine) have also been implicated in the pathogenesis in some patients.^[6, 7]

Sperling et al classify acne keloidalis nuchae as a primary form of inflammatory scarring alopecia and suggest that overgrowth of microorganisms does not play an essential role in the pathogenesis of AKN. They also found no association between pseudofolliculitis barbae and acne keloidalis nuchae.^[8]

After extensive histological and ultrastructural studies of AKN lesions, Herzberg et al proposed that a series of events must happen in order for acne keloidalis nuchae to occur, namely the following^[9]:

- The initial process begins as acute perifollicular inflammation followed by weakening of the follicular wall at the level of the lower infundibulum, the isthmus, or both.
- The naked hair shaft is then released into the surrounding dermis, which acts as a foreign body and incites further acute and chronic granulomatous inflammation. This process is clinically manifested by small follicular-based papules and pustules.
- Subsequently, fibroblasts deposit new collagen and fibrosis ensues.
- Distortion and occlusion of the follicular lumen by the fibrosis results in retention of the hair shaft in the inferior aspect of the follicle, thereby perpetuating the granulomatous inflammation and scarring. This stage is marked by plaques of hypertrophic scar.

Epidemiology

Frequency

United States

Acne keloidalis nuchae is said to represent 0.45% of all dermatoses affecting black persons.^[10]

Mortality/Morbidity

The plaques of acne keloidalis nuchae slowly expand over time, and, although medically benign, acne keloidalis nuchae can be a psychologically devastating condition. Chronic pruritus and drainage may occur, and, ultimately, scarring alopecia may ensue.



Acne Keloidalis Nuchae

Race

Acne keloidalis nuchae is most prevalent in African Americans; however, it has occasionally been reported in Hispanics and Asians, and, rarely, in whites.

Sex

Although early literature inferred that acne keloidalis nuchae only affects males, it is now known to occur in females, with a male-to-female ratio of approximately 20:1.^[1]

Age

Most cases occur in persons aged 14-25 years. Lesions manifesting prior to puberty or in persons older than 50 years is unusual.^[8]

Contributor Information and Disclosures

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Disclosure: Nothing to disclose.

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Disclosure: Valeant Consulting fee Consulting; Medicis Grant/research funds Other; Galderma Consulting fee Consulting; Promius Consulting fee Consulting; Pharmaderm Consulting fee Consulting; Onset Consulting fee Consulting

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Disclosure: Abvie Honoraria Speaking and teaching

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A Paul Kelly, MD is a member of the following medical societies: American Academy of Dermatology, American Dermatological Association, American Medical Association, American Society for Dermatologic Surgery, National Medical Association, and Pacific Dermatologic Association

Disclosure: Nothing to disclose.

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